

October 28, 2004

UNDER SECRETARY FOR HEALTH'S INFORMATION LETTER

**REQUEST FOR PROPOSALS (RFP) TO BECOME A NATIONAL VHA CARE
COORDINATION TRAINING CENTER**

1. The Office of Care Coordination (OCC) is announcing a Request for Proposals (RFP) to create two new care training centers. Each of these new care coordination training centers has a distinct purpose and a defined affiliation with the Department of Veterans Affairs (VA) Employee Education System (EES). The new training centers are to complement the existing care coordination training center in Lake City, FL, that is a resource for care coordination home-telehealth (CCHT), and the proposed teleretinal imaging training center in Boston, MA. Collectively, all four of these centers provide a comprehensive resource to educate and train VA staff on the needs assessment, clinical practice, and technical aspects involved in using the innovative technologies, as telehealth, disease management, and health informatics tools that VA is adopting to support care coordination. The purpose of the new centers is to provide subject matter experts, educational oversight, and future professional direction; it is not to provide the media platform development. **NOTE:** *The media platforms (e.g., satellite, Internet training, and video resources) are to be provided through the relevant EES resource center and will not be expected of the new centers.*

a. The center, associated with the EES St. Louis Center, is to provide a national training resource in the areas of rural telehealth, patient education, and caregiver support of the national CCHT. In keeping with the programs it is designed to support, EES has the capacity for distance learning using the Internet, the VA Knowledge Network, and the VA satellite broadcast capacity. The expectation of OCC is that the training center will be part of a virtual network that includes the EES St. Louis Center.

b. The other center, associated with the EES Center in Salt Lake City, is to provide a national training resource in the areas of hospital-oriented telehealth services and health informatics. In keeping with the programs it is designed to support, EES has the capacity for distance learning using the Internet, the VA Knowledge Network, and the VA satellite broadcast capacity. The expectation of OCC is that the training center will be part of a virtual network supported by the EES Center in Salt Lake City. Any training materials must be harmonized with CCHT training materials and have the same overall care coordination mission.

2. Critical elements to the success of care coordination are the provision of health information to patients and information and support to caregivers. Care coordination is predicated on the assumptions that in many cases patients want to, and can, self-manage their care. Understanding patients' preferences and enabling them and their caregivers to express these preferences and partner with their health care providers is a vital part of care coordination. Therefore, any Veterans Integrated Service Network (VISN) suggesting training center collaboration with the

EES St. Louis Center needs to ensure that patient and caregiver information issues are comprehensively addressed in its proposal.

3. The multi-media patient record is a fundamental requirement to enable care management and case management processes to truly coordinate the care patients receive. Understanding the various dimensions of these tools and their strengths and limitations are a key part of the care coordination process and therefore to the training and education associated with this. It is essential that in using health information technologies to support care at a distance, VA does not lose the ability to “touch the patient.” It is an expectation that all sites, particularly the St. Louis associated center with its focus on patient education and the caregiver, will ensure this happens by developing the requisite training materials.

4. Delivery of care to patients in rural areas is a particular challenge for all health care organizations, not just VA. Staff recruitment in rural regions of the country and the danger, cost and inconvenience of travel for aging veterans with chronic conditions is making telehealth an increasingly attractive option for VA staff and patients alike. OCC is designating rural telehealth to a specific training center in order to address the unique demands of using telehealth technologies to provide care to remote CBOCs.

5. It is expected that all four care coordination training centers will form a network of training centers that collaborate and deliver virtual training whenever practical and appropriate and thereby reduce travel by clinical staff and faculty.

6. Definitions

a. **Care Coordination.** Care coordination is the wider application of care and case management principles to the delivery of health services using health informatics, disease management and telehealth technologies to facilitate access to care and to improve the health of designated individuals and populations with the specific intent of providing the right care in the right place at the right time.

b. **Telehealth Technologies.** Telehealth technologies are information technology-based tools that collect clinical indices in the form of vital signs, disease management data, still images, and live video from an originating site where the patient is located. These data are sent via telecommunications networks to a remote site where they are received, reviewed, and assessed by clinicians. Telehealth technologies enable a range of health care services to be provided that cross the usual constraining boundaries of geographic distance, time, and social and/or cultural borders. This range of health care services includes, but is not limited to: vital sign monitoring, disease management, wound care, medication compliance management, clinical consultation and clinical care.

c. **Continuum of Care.** Continuum of care is the coordinated linkage of health care programs and interventions in a way that meets the patient’s ongoing needs with the appropriate level and type of medical, psychological, and/or social care resources that primary, secondary or tertiary health care providers deem necessary.

d. **Continuity of Care.** Continuity of care involves passing seamlessly the responsibility of clinical care management of patients between VA practitioners so that care is delivered in a consistent manner across VA facilities, over time.

e. **Care Management.** Care management oversees the management of patients who are at risk of deteriorating and who use high levels of health care resources. These services include, but are not limited to: assessment, care planning and implementation, education, referral, coordination, advocacy, monitoring, and periodic re-assessment. Together with home telehealth technologies, disease management tools and the active participation of clinicians, these elements form the core basis for care coordination.

7. Background. In Fiscal Year (FY) 2002, there were over 6.8 million enrolled veterans of whom approximately 4.5 million received care from the Veterans Health Administration (VHA) at an annual cost of over \$23 billion. The health care needs of the veteran population are higher than the United States (U.S.) average, especially for mental health services. However, using the Centers for Disease Control and Prevention (CDC) ratio, a conservative estimate for the veteran population would indicate that 4 million enrolled veterans have one or more chronic health conditions, with 1.64 million having restrictions in performing activities of daily living (ADLs), and 480,000 unable to live independent lives. This need is creating a major growth in the demand for VA services, particularly in terms of the requirements for long-term care. This increased demand is creating challenges in providing access to care for veterans and their caregivers using traditional modes of health care delivery especially in rural areas.

a. Health information is a major component of the information resources that are available on the Internet. There is no mechanism to ensure that safe, effective and appropriate information is available to veteran patients on the open Internet. There is a growing issue of patients with large amounts of information they have received from the Internet and clinicians who work from a differing knowledge base. VA has a network of health educators who coordinate the provision of health information to patients and foster ownership of this information in the clinical community such that it is a commodity with which the patient and practitioner can negotiate shared decision making. Care coordination requires the patient and practitioner to have this common ground in terms of information. Of particular importance is information regarding health promotion and disease prevention and VA has a designated center in Durham, NC for this initiative.

b. Care coordination requires the support of a range of telehealth technologies that include telemonitors, videophones, disease management tools, store-and-forward images and video-conferencing. Choosing the appropriate technology means matching technology to the patient's needs and ability to use that technology. Care Coordinators use technology to determine the patient's clinical needs, health status, and training requirements.

c. Care coordination uses telehealth to make sure that care is provided in the most convenient and appropriate place for the patient and thereby reduces travel and inconvenience to the benefit of both patients and VA staff. For example, a patient with mental health problems is more likely to remain at work if care is provided locally thereby reducing travel to and from the distant clinic or medical center.

d. Care coordination, and therefore these training centers, are critical components of VA's strategy of moving from a provider-centric model of care that is focused on institution-based care, towards a patient-centered organization that sees the home as the preferred place of care, whenever it is appropriate and that the right care needs to be delivered in the right place at the right time. In using these approaches to treat chronic diseases such as diabetes and heart failure, it is possible to deliver just-in-time care and aim to intervene before a patient's condition seriously deteriorates. To support just-in-time care, VA needs to be able to provide just-in-time education and ensure that front line staff in community-based outpatient clinics (CBOC) have access to state-of-the-art educational materials.

e. Currently, VA uses a range of technologies for care coordination and patient education. One of OCC's roles is coordinating the clinical input into the VA's patient-held medical record, MyHealtheVet. OCC envisages that HealtheVet VistA and MyHealtheVet will be the platforms on which all future VA care coordination will take place.

NOTE: Applicants for training centers are advised to consider whether the care coordination role is a function that is transferable to multiple staff groups in multiple situations and to address the probable roles of information technology and health informatics in instituting the program.

8. Funding. Funding of up to \$1 million is available to the selected training centers in FY 2005. Funds may be used to establish the center as the site director deems most suitable. Thereafter, \$260,000 will be made available for each of the next 2 years. At the end of this period, it is anticipated that the center will become self-sustaining.

9. Rating and Evaluation of Proposals. An appointed panel of field and VHA Central Office staff evaluates and rates proposals based on innovation and completeness in response to the following aspects:

a. Explains how the mission and values of the program harmonize with the mission and values of VHA.

b. Outlines the ability to train staff systematically and efficiently in care coordination techniques. This training must harmonize with other training initiatives (e.g. CCHT) across the continuum of care.

c. Describes health education, disease management, and addressing the care need of patients, families, and/or significant others as part of this training and education.

- d. Focuses on staff training in the context of the other clinical care, managerial, and professional duties of staff, including the time devoted to each and how it is prioritized.
- e. Addresses striking the appropriate balance between academic rigor in a program and providing skills and competencies that translate into meeting the day-to-day care needs of patients.
- f. Ensures the level of training and easy access to educational resources are made available.
- g. Details the innovative use of new technologies and how the center plans to link into the relevant EES center. The EES center will be responsible for the media platforms on which the educational material will be disseminated throughout VHA. Of particular importance is the ability of the center to produce a curriculum and link this with suitable educational/professional recognition to formalize the training of VHA professionals in the requisite areas (e.g., in care coordination, disease management, health informatics or telehealth.)
- h. Creates learning communities and offers mentorship opportunities.

10. Timetable for Submission and Funding. If submitting a proposal of funding, the proposal needs to reach the Office of Care Coordination no later than December 1, 2004.

11. Submission. Electronic submission should be sent to John Peters, Program Analyst OCC (John.Peters@va.gov). In addition to the submission of an electronic copy, a paper copy should be submitted to:

Veta Brooks, Program Support Assistant
The Office of Care Coordination (11CC)
Office of Patient Care Services
Department of Veterans Affairs
810 Vermont Avenue, NW
Washington, DC 20420

12. References

- a. VHA Care Coordination Web Site <http://vaww.va.gov/occ>
- b. Extrapolation from figures in CDC. National Diabetes Facts and Figures, 2000. www.cdc.gov.
- c. Extrapolation from figures from the Robert Wood Johnson Foundation. www.improvingchroniccare.org

d. The Development and Expansion of Home-Telehealth in VHA: A paper summarizing the discussions and recommendations generated from a 2-day VHA meeting on Home Tele-health. April 2002.

e. VHA Orientation Packet. http://vaww.va.gov/occ/ntl_rollout.asp

f. Darkins A. and Cary M. Telemedicine and Telehealth Practice, Policies, Performance and Pitfalls. Springer NY. 2000.

g. Telemedicine Journal. published quarterly- Editors: Mark Goldberg, M.D., Rashid Bashshur, Ph.D., Mary Ann Liebert Publishers.

h. Journal of Telemedicine and Telecare. Published quarterly by the Royal Society of Medicine Press Limited, UK.

i. American Psychiatric Association: http://www.psych.org/pract_of_psych/tp_paper.html

j. VHA Telehealth: <http://www.va.gov/telehealth>

k. Telemedicine Information Exchange: <http://www.telemed.org>

l. Telemedicine Activities of National Library of Medicine: <http://www.nlm.nih.gov>

m. Department of Defense telemedicine: <http://www.matmo.org>

n. American Telemedicine Association: <http://www.americantelemed.org>

o. Medical College of Georgia telemedicine: <http://www.mcg.edu/telemedicine>

p. University of Iowa telemedicine: <http://telemed.medicine.uiowa.edu/index.html>

q. University of Vermont telemedicine: <http://www.uvm.edu/infoconm>

r. East Carolina University telemedicine: <http://www.telemed.med.ecu.edu>

s. Kansas University Medical Center: <http://www2.kumc.edu/telemedicine/index.asp>

t. University of Virginia telemedicine: <http://www.telemed.virginia.edu>

u. University of Arizona telemedicine: <http://www.ahsc.arizona.edu/telemed>

13. Requirements. Those interested in responding to this RFP need to review Attachment A for eligibility requirements; and see Attachment B for the proposal format and submission requirements.

14. Inquiries. Questions regarding this RFP may be directed to either Adam Darkins, M.D., Chief Consultant, OCC at (202) 273-8563, e-mail: Adam.Darkins@hq.med.va.gov, Patricia Ryan, Acting Associate Chief Consultant, OCC, at (727)-319-1285, e-mail: Patricia.Ryan@med.va.gov, or E. William Judy, Director of Operations, OCC at (202) 273-9628, e-mail: William.Judy@hq.med.va.gov.

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ATTACHMENT A

ELIGIBILITY REQUIREMENTS

To be eligible to apply as one of the Veterans Health Administration (VHA) national care coordination centers, a site must meet the following requirements:

1. Have a virtual/physical link with an academic affiliate that has appropriate interests to the role of the training center e.g., telehealth, health informatics, patient education, rural health care, etc. This must also indicate proposed future pathways to formal recognition of educational content for formal qualification.
2. Outline a collaborative working relationship with the Department of Veterans Affairs' (VA) Employee Education System (EES) Centers at Salt Lake City, UT, or St. Louis, MO. This relationship must include curriculum development, web-based training activities, conferences, and use of interactive communication technologies. The collaborative proposal from the Veterans Integrated Services Network (VISN) must be endorsed as reviewed and approved by the manager of the appropriate EES Center in a letter of support indicating the Center's willingness to undertake a future relationship. The EES Center manager's endorsement letter is to be included as part of the VISN's proposal package. The VISN's proposed training facility and its partnering EES Center need not be physically proximal or even in the same state or VISN.
3. Be in a VISN that is a care coordination implementation site.
4. Apply to meet VHA "conditions to participate" for the VISN care coordination program within 12 months of receiving the training center award and apply to the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) for certification in disease-specific care for diabetes, heart failure, depression and chronic pulmonary disease within 12 months of the award.
5. Be developing new or maintaining existing care coordination disease management programs.
6. Define an agreed working relationship with the existing CCHT training center in Lake City, FL. This must indicate how faculty and educational content will be developed and shared to the best advantage of VA and deliver just-in-time education.
7. Indicate how the center will work with the VA CCHT and telehealth training groups to develop an overall care coordination training strategy in a collaborative manner and how the center will report outcomes and ensure it is meeting its goals.

ATTACHMENT B

**PROPOSAL FORMAT
AND
SUBMISSION REQUIREMENTS**

1. Cover Letter. Each proposal must have identifying information in the cover letter: the name and address of the Department of Veterans Affairs (VA) facility submitting the proposal and the contact information (name, phone, fax, e-mail, if available) of the Center point of contact, and the clinical staff responsible for preparation and submission of the proposal.

2. Executive Summary. Each proposal must begin with an executive summary (ES) up to two pages (1 inch margins all around, Font Arial 10). The ES should serve to summarize information regarding the proposal and to articulate the number of VA staff the center expects to train in the short, medium, and long-term.

3. Proposal Narrative

a. **Determining a Curriculum.** All prospective program applications must detail the proposed steps to create a comprehensive curriculum to train care coordinators in needs assessment, clinical care applications, technology usage, business processes, and quality assessment components of a care coordination program. Proposals should include mechanisms for collaborating between care coordination training centers and partnering with either the Salt Lake City Employee Education System (EES) Training Center or the St. Louis EES Training Center. In defining these collaborations, centers may specialize in selected areas rather than cover all the chronic disease entities covered by care coordination. Should a center choose this route, it must develop a plan for an explicit agreement with another center that covers the rest of the care coordination training requirements. This collaboration must result in common methods of practice that encourage the delivery of one standard of care coordination throughout VHA using standardized technologies and clinical monitoring assessment and referral. Office of Care Coordination (OCC) expects that the curriculum will harmonize with the VHA Care Coordination Orientation Packet, which may be obtained from VHA's intranet at http://vaww.va.gov/occ/ntl_rollout.asp

b. **Establishing a Suitable Faculty.** Prospective training centers must identify how they will recruit or otherwise gain access to the necessary faculty to train and educate care coordinators using the comprehensive care coordination curriculum they have described above. The principle objective of these training centers is to provide recognized and respected content development experts.

c. **Deciding the Mechanism of Delivering Training.** All prospective programs must demonstrate they can implement processes for the comprehensive training of care coordinators in VHA that will meet the short-term, medium-term, and long-term needs of the VHA national care coordination program. They must give timeframes that match the intended VHA care coordination roll out.

(1) If care coordination is to assist in meeting the health care demands of an aging population with chronic disease, these training needs may develop exponentially and need frequent up-date.

(2) If care coordination is to deliver just-in-time care in a rapidly changing health care environment, it is anticipated that care coordinators would need just-in-time training and education.

d. **Technology Requirements.** New technology in the realms of information systems and telecommunications are revolutionizing the delivery of training and education. If technology is to be used to provide training and education, these resources must be described explicitly. Describe the processes whereby interoperability with other centers and the appropriate longevity of equipment assets are ensured. Describe the use of remote and/or distant learning technologies in the submission.

e. **Employment of Technology.** Prospective training centers need to take advantage of appropriate technologies to maximize the delivery of training to staff and minimize the need for travel. Describe how the center will work with the requisite EES center to ensure the specifications, installation, and maintenance of equipment is appropriate to meeting this goal and how an ongoing strategy for this will be developed in partnership with EES.

f. **Targeting the Groups to Train.** Different approaches may be considered, from didactic training of care coordinators to a train-the-trainer approach. The proposal must clearly define how to target the appropriate recipients of training and ensure trainees receive the appropriate training and education resources delivered in the most effective, cost-efficient, and stimulating fashion.

g. **Assessment of the Skills and Competencies Needed for Care Coordination and Evaluation of Programs.** The proposal must describe in detail how staff will assess the skills and competencies that are implicitly and explicitly required for care coordinators to learn in their curriculum. This must include the frequency of these evaluations, how any qualifications are delivered and how standards are assessed and legitimized with the appropriate departments and/or institutions within, and outside VA. A description of the tools and mechanisms intended to evaluate the adequacy of training must be included in the proposal.

h. **Physical Space Requirements.** The proposal must address how existing buildings or other physical and/or technology assets will be used to create a suitable training center; funds are not to be used for construction or commercial leasing of space.

i. **Budget.** The proposal includes a proposed budget plan that provides details in terms of personnel, equipment, office set up costs, office general supplies, training supplies, training program development costs, etc. Travel funding will not be awarded through this RFP and should not be included in the submission of this proposal.

4. Proposal Size. Proposals must be prepared using standard size paper (8½ x 11), single spaced, 1 inch margins (all around) with Arial 10-12 font size. Number each page sequentially

identifying the page number and the total number of pages in the document, including the ES (e.g., page 1 of 10). The proposal narrative may be up to fifteen pages in length.

5. Proposal Letters of Support. Each proposal must be reviewed locally with support indicated in accompanying letters from the facility Director and the VISN Director. The VISN Director's letter should indicate the clinical leadership of the program, and the information management support for the home telehealth technology. Each proposal must be reviewed by the perspective partnering EES Center with support indicated in an accompanying letter from the Center manager.